



Do Not Write or Staple In This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

**Payee Name / Address:**

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description		AMOUNT
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)		\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID						
E893	Contract #	Wkfc	Org PmtDt	IC	RC		
		N				Invoice DT: 09/21/15 Req'd Pay DT: 11/03/15	
						Inv Rec'd DT: 09/21/15 Pay Due DT: 11/30/15	
						Service DT: 10/31/15 P O DT:	
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref Pri/Grant Amount
1.1	725300		0001	716	5016	03138	2016 TANF100F \$762,500.00
	Conf:N Certified Amt: 0.00						

**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

OCT 30 2015

10/30/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By

Contact Name

Contact Phone(Area+Number)

01047099

**RECEIVED**  
**OCT 29 2015**  
**HHSC Accounting Ops**

Health & Human Services  
 Commission

STATE OF TEXAS

Page 1 of 1

**PURCHASE VOUCHER**

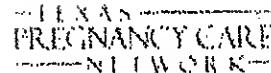
(Shaded areas not used by Agency 529)

1. Purchase Voucher Number		2. Agency number	3. Agency name	Health & Human Services Commission				4. Current document number
		529						
9. Texas identification number		10. PDT	11. CNT	12. Purchase Order number	13. Document amount			
1760802397					\$762,500.00			
14. Payee name / address						17. AGENCY USE		
Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746								
18 SFX 001		DeptID/Speedchart	716	FY 2016	COBJ 7253	Amount \$	762,500.00	
				Invoice date 9/21/2015	Invoice number / Account Number TPCN-12.2	Invoice Received Date 9/21/2015		
					Requested Payment Date 3 DAY PAY	Interest Control	Reason Code	
18 SFX 001		DeptID/Speedchart						
18 SFX 001		DeptID/Speedchart						
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES			21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
October 2015		Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E.  Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.			1	\$ 762,500.00	\$ 762,500.00	
24. VENDOR CERTIFICATION				Phone (Area code and number)	25. Entered by			
Vendor Contact Name				Phone (Area code and number)				
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.								
Agency contact/preparer SIGN HERE		Beth Zahn Dated: Beth Zahn, on 10/23/2015 Printed Name: Beth Zahn Phone (Area code and number): 512-206-5111 Date: 10/23/2015		Printed Name Beth Zahn		Phone (Area code and number)	Date 10/23/2015	
Agency Approver SIGN HERE		Marilyn Eaton Dated: Marilyn Eaton, on 10/23/2015 Printed Name: Marilyn Eaton Phone (Area code and number): 512-206-5187 Date: 10/23/2015						

Form 4116 02/2015

*Rolando Guzman Rolando Garza 424-6660*

*10/26/15 10/29/15 Smb*



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Beth Zahn  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

To: Business Bank of Texas, N.A.  
1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758  
Routing No. 114925615

Account:  
Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.2**Invoice Date:** September 21, 2015**Due Date:** October 31, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.2:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** October 31, 2015

\$762,500.00

Amount Due \$762,500.00

1101 S. CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746

TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

9888 PSP 1100 3000193

7/16/15